LETTERS *to the Editor*

"Pharmacist and the Physician"

To the Editor: The recent article,"The Pharmacist and the Physician," by J. E. Goyan which appeared in CALIFORNIA MEDICINE, May 1971, page 95, is an interesting array of information regarding one of the most vexing problems in American medicine, namely, the widespread use of drugs by physicians for a variety of ailments. I believe that some thought should be given to a different role from that suggested by Dr. Goyan, namely the finding of some substitute for drug therapy.

There is little disagreement, anywhere one goes in the world, regarding the value of penicillin in certain specific infectious situations; of insulin in certain kinds of diabetes; of digitalis, in certain kinds of heart disease, etc. In other words, there is an appropriate worldwide acceptance of certain pharmacologic agents against certain specific disorders. The list if one were to develop it fully, would probably not be an overpoweringly long one. Most of the concern over drugs use has come in situations where there is no agreement regarding what drugs should be used–let alone what dose, or what response to look for. The "chemicalization" of our population that is taking place both on prescription and non-prescription drugs needs an alternative.

One such alternative may be illustrated by some recent experiences. I have, in the recent past, had two patients who had come to America recently from Europe, who expressed some concern over my prescription of meprobamate for what seemed to me to be a mild tension-anxiety problem. They stated that in their country their doctor would have advised some sort of physical medicine therapy. This concept was further reinforced on a recent trip to Russia that was undertaken to look at their health care system. Representatives of the Ministry of Health told us that we would see many things that would seem odd to us, that perhaps the most would be the widespread use of physical medicine. He then added in an aside, "We feel that this may be more appropriate than drugs, hormones, and shots." True enough in our visits to the various polyclinics and hospitals we could not but be impressed by the enormous percentage of available resources that were devoted to physical medicine. We saw individuals receiving exercise programs for hypertension, various sorts of hot baths, vapor treatments, and the like for ailments ranging from the usual musculo-skeletal disturbances to what seemed to be obvious evidences of anxiety and tension. I came away from this latter trip not sure whether physical medicine did represent an answer to this large segment of our patient population but with the feeling that others more knowledgeable about the use of such measures should look into it. It, therefore, seems to me that while there is certainly a need for an expanded role of the pharmacist as an expert in drug interactions and as a consultant to the physician in these matters there is an even more urgent need to look for alternatives to the widespread use of drugs of all sorts.

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Report on Student Participation In Organized Medicine

Prepared by Medical Student Representatives to the CMA Committee on the Role of Medicine in Society

To the Editor: Last month, for the fourth time, the California Medical Association sent medical student delegates to an American Medical Asso-

ciation Annual Convention. In light of the fact that the 1971 CMA House of Delegates voted to direct the CMA to urge other state medical societies to follow its example of having student representation on its committees and delegations, we feel it is time to review for the CMA some aspects of our past participation.

Rightly or wrongly, many students feel that they are excluded from meaningful participation in organized medicine; the automatic response is to ignore it. These attitudes tend to persist for many years, thus depriving organized medicine of a valuable source of idealistic energy. Although the AMA has seemed to hold the attitude that there is nothing wrong with this, such a schism can be to no one's advantage since basically we are both interested in the same thing—the best possible health care. The long-static structure of medical care is changing under pressure from the consumers, the people. Changes will come and, if we do not modify them constructively, do not "roll with the punch," so to speak, they will be imposed upon us in an onerous bureaucratic structure; since we will practice under the new conditions for the rest of our lives, they are of great importance to us. At this crucial time it behooves us not to squander any of our resources.

The incorporation of students as participants both on the committees and in the delegation to the AMA of the CMA is an attempt to bridge this gap, hopefully a bellwether for future action by other state medical societies. We have ideas to contribute to the various committees of the CMA; this source is slowly being tapped to the benefit of all participants. In the course of three conventions we have progressed from being observers to working members of a regular state delegation. We have our greatest influence on current policy in the AMA by presenting our ideas to the California delegation and, if they seem to be constructive contributions, convincing it to support them before the AMA as a whole; Medical Education Community Orientation (MECO) and abortion are examples of this method of action.

If this were the sole value of our participation it might, even by itself, justify the expense of sending students to AMA conventions (an expense we try to minimize as much as possible by obtaining alternative housing with friends in the area where the convention is held). Through personal contacts between students and practicing physicians, both it is hoped become convinced that their opposite numbers are not the self-centered ogres it has become faddish to picture them. We are students and we are still learning, serving the beginning of our apprenticeship in organized medicine, discovering how to work within its structure and whom to work with. In the process we have developed a greater appreciation of the problems facing organized medicine. This education in the procedures and operations of the CMA and the AMA is necessary for us to be able to work effectively in those bodies as soon as possible.

One of the most critical issues facing medicine today is that of peer review and its implications (discussed in *CMA News*, Vol. 15, No. 19). Who is to judge the adequacy and necessity of medical procedures and how is he to enforce his judgment? Following inevitably upon government funds in Medicare comes the government effort to impose cost and quality controls. Blind opposition is futile in this case; too often the AMA has come across as an exclusive union concerned only with the economic and social interests of its members, thus inciting the voting public to support its elected representatives in instituting measures which are harmful to those parochial interests as well as those of health care in general. It is of prime concern that we not be subjected to a ponderous bureaucratic machine even before we begin to practice. It was encouraging that the AMA, over the last year, has seemed to become more aware of the political realities of the situation; it is only to be hoped that effective action will replace obstructionism soon enough.

In Resolution 54, which communicates to the appropriate state and federal agencies concern about the use of the pesticide Mirex, shown to be a carcinogen in mice, and urges cessation of its indiscriminate use, the AMA demonstrated its role in guarding the health of the American people. The broader ecological considerations which were hinted at in the resolution must be extended further into the areas of pollution control and population control which impinge so directly upon the health and well-being of the populace. These areas are potentially dangerous because politically sensitive, yet this should not prove a deterrent. Although there is some debate about the facts in this particular issue, there can be no doubt about the admirability of the concerns upon which the action was based. Positive action could be very valuable, showing the doctors moving when their immediate economic in-

terests are not immediately threatened. Improving the image of organized medicine, a topic much in discussion at the 1970 Annual Convention, could lead to increased leverage in helping to shape health care delivery systems, national health insurance and peer review.

We feel that the most effective way for medical students to influence AMA policies and actions and to obtain education in the machinery of organized medicine is to be a part of a regular state delegation. We would like to thank the CMA for giving us this opportunity, and we thank the AMA delegates and alternates from the many state medical associations who received us so cordially. In the future we would like to continue and expand our work, both in formulating student-initiated resolutions to be presented to future AMA conventions and in working with the CMA at those conventions. We hope that our presence has been of assistance to the California delegation.

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Magendie on Medicine

To the Editor: The clipping below is meant to ring a bell. Bell—as in Sir Charles—of course, had a dirty ring in François Magendie's ears: the two men, you will recall, fought a priority battle over the law of the nerve roots. Rooting for Magendie, however, means to us—as it meant to some of our great-great-great grandfathers—cheers for his concept of the scientist as "ragpicker," or collector and checker of scrappy observations. For if you are the man to present some puppies with a multiple choice of Gruyère cheese, wood, and cork, all neatly packaged (after cutting either olfactory or trigeminal nerve so as to check the respective division of labor of the two) you are also one to devise an analogous controlled experiment involving drugs and placebos offered in bread pills to patients. From the sublime of animal experimentation to the ridiculous of clinical pharmacology is, after all, only one step. And as the author of a standard "Formulary," as well as the sentence "They are always looking for what they anticipate, never for what really is," you were still true to yourself when you launched the movement that (via Vienna) became known as "therapeutic nihilism"—and dangerously close to Christian Science half a century later.

From the San Francisco EVENING BULLETIN, *September 16, 1856:*

> Let me tell you, gentlemen, what I did when I was the head physician at the Hotel Dieu. Some 3,000 or 4,000 patients passed through my hands every year. I divided the patients into two classes; with one, I followed the dispensary and gave them the usual medicines without having the least idea why or wherefore; to the other, I gave bread pills and colored water, without, of course, letting them know anything about it—and occasionally, gentlemen, I would create a third division to whom I gave nothing whatever. These last would fret a good deal, they would feel they were neglected (sick people always feel they are neglected, unless they are well drugged the fools!) and they would irritate themselves until they really got sick, but nature invariably came to the rescue, and all the persons in this third class got well. There was little mortality among those who received but bread pills and colored water, and the mortality was greatest among those who were carefully drugged according to the dispensary.

Magendie died in the year before the readers of the San Francisco *Evening Bulletin* became acquainted with his outrageous if pertinent views. In 1856 the crotchety pundit with a scorn for both doctors and patients was medical news of a sort. But has his message fully sunken in? After twelve decades, and much cerebrospinal fluid down through "his" foramen, we still have to admit: "Touché, Monsieur Magendie!"

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